

## Appendix A - Online Classroom Pilot Program Application and Certification

Applicant Name \_\_\_\_\_

District Name and County-District-School (CDS) Code		
Address		
City	Zip Code	E-mail address
District Contact	Title	Telephone
School #1 Name and CDS Code		
School #1 Contact	Email address	Telephone
School #2 Name and CDS Code		
School #2 Contact	Email address	Telephone
School #3 Name and CDS Code		
School #3 Contact	Email address	Telephone
School #4 Name and CDS Code		
School #4 Contact	Email address	Telephone
School #5 Name and CDS Code		
School #5 Contact	Email address	Telephone
<b>CERTIFICATION/ASSURANCE SECTION:</b> I hereby certify that all applicable state and federal rules and regulations, eligibility criteria, and program assurances will be observed and met. To the best of my knowledge, the information contained in this application and appendices are correct and complete.		
Printed Name of Superintendent or Designee	Telephone	
Superintendent or Designee Signature	Date	